

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Sally M Baker 2-26-06
Signature Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: Sally Baker

Address: 3849 Randle Lane

City, State, Zip Code: Springfield, OH 45502

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Christina M. Barker
Signature

4/21/06
Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: Christina M. Barker

Address: 108 MARINERS CIRCLE APT D

City, State, Zip Code: SHEFFIELD LAKE, OHIO 44054

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Stacia Barnes
Signature

02/15/06
Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: Stacia Barnes

Address: 1009 S. Lowry Ave

City, State, Zip Code: Springfield, Ohio 45506

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Maureen Bernard
Signature

2/17/06
Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: MAUREEN BERNARD

Address: 285 CLEVELAND AVE

City, State, Zip Code: AMHERST OHIO 44001

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Diane Bishop

Signature

2-27-06

Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name:

Diane Bishop

Address:

6059 Pawnee Dr

City, State, Zip Code:

Cinti, Ohio 45224

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Denise A. Boycik
Signature

4-21-06
Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: DENISE A. Boycik

Address: 9363 GIFFORD Rd

City, State, Zip Code: AMHERST, OH 44001

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Sharon K. Briggs 1/30/04
Signature Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: SHARON K. BRIGGS

Address: 6241 Sandusky Rd.

City, State, Zip Code: LIMA OH 45801

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Rosalynn A Brubaker 03/26/06
Signature Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: Rosalynn A Brubaker

Address: 7410 Frailey Tr

City, State, Zip Code: VERMILION OH 44089

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Lisa A. Burley
Signature

3-17-06
Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: Lisa A. Burley

Address: 7150 Zimmerman Rd

City, State, Zip Code: St Paris OH 43072

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Linda S. Byrd
Signature

2-13-06
Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: LINDA S BYRD

Address: 414 West DR. P.O. Box 115

City, State, Zip Code: HARBOR View, OH 43434

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Kimberly M Chaney

Signature

Jul. 27, 2006

Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: Kimberly M Chaney

Address: 321 Van Buren Ave

City, State, Zip Code: Toledo Ohio 43605

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Donna Chang
Signature

2/20/06
Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: DONNA CHANG

Address: 11791-D ROSE LANE

City, State, Zip Code: Cincinnati, OH 45246

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Ann Marie Cole
Signature

7-2-06
Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: Ann Marie Cole

Address: 4166 Telegraph Ln

City, State, Zip Code: Vermilion OH 44089

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Dawn R. Corbin

Signature

3-6-06

Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: Dawn R. Corbin

Address: 3966 Octema Dr.

City, State, Zip Code: Lima Ohio 45806

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.


Signature

3/6/06
Date of Signing

PLEASE TYPE OR PRINT CLEARLY

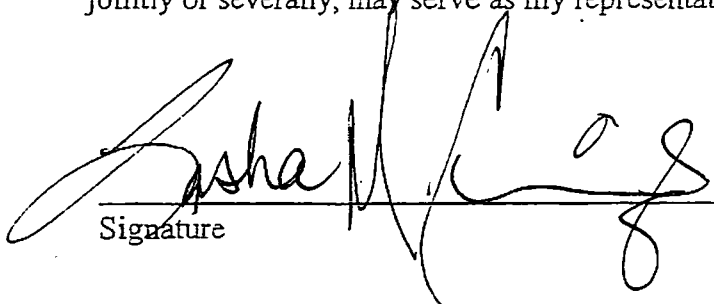
Name: David F Corbin SR

Address: 3966 Odessa d

City, State, Zip Code: LIMA, oh 45806

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

 4/21/06
Signature Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: Tasha R. Cummings

Address: 727 West Martin Luther King #205 W.

City, State, Zip Code: Cinti OH 45220

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Christine A. Gurnston

Signature

4/20/06

Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name:

Christine D. Gurnston

Address:

2719 Sweetbriar Dr.

City, State, Zip Code:

Sindusky, Oh 44870

**CONSENT TO BE A CLAIMANT UNDER
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I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Brenda Ellis

Signature

2-4-06

Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: Brenda Ellis

Address: 1404 Yates St

City, State, Zip Code: Toledo Ohio 43608

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Toni Fields

Signature

3-11-06

Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name:

Toni Fields

Address:

4280 Brownhelm Station Rd.

City, State, Zip Code:

Vermilion, Oh. 44089

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Jane Finkbeiner
Signature

3/13/06
Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: JANE Finkbeiner

Address: 2728 Alisdale Dr. Apt 101

City, State, Zip Code: Toledo, Ohio 43606

**CONSENT TO BE A CLAIMANT UNDER
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I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Edina A French

Signature

03/02/06

Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: Edina A. French

Address: 837 Banker Dr

City, State, Zip Code: Springfield Ohio 45505

**CONSENT TO BE A CLAIMANT UNDER
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I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Lori A. Gale

Signature

2/10/06

Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: LORI A. GALE

Address: 4944 BUTLER RD

City, State, Zip Code: WAKEMAN, OH 44889

**CONSENT TO BE A CLAIMANT UNDER
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I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Amanda Garrido
Signature

4.11.06
Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: Amanda Garrido

Address: 2384 Cardinal Dr.

City, State, Zip Code: Fairfield OH 45014

**CONSENT TO BE A CLAIMANT UNDER
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I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Vernal Garuti
Signature

3/15/06
Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name:

Vernal Garuti

Address:

148 Cornell Avenue

City, State, Zip Code:

Elyria, Ohio 44035

**CONSENT TO BE A CLAIMANT UNDER
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I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Deborah Gresh 2-2-2006
Signature Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: Deborah Gresh

Address: 5910 Russia Rd

City, State, Zip Code: South Amherst, OH 44001

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

C. Gresham 3-6-06
Signature Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: Colleen A. Gresham

Address: 3418 Niagara St

City, State, Zip Code: Cincinnati OH 45251

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Bernard F. Hall Jr. 1-27-06
Signature Date of Signing

PLEASE TYPE OR PRINT CLEARLY

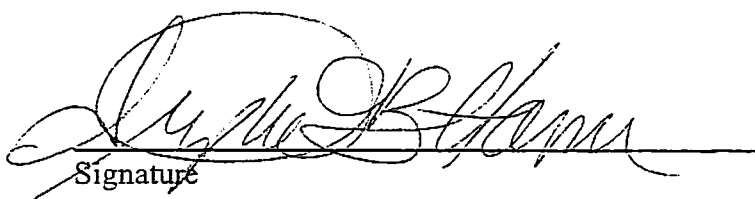
Name: Bernard Francis Hall Jr.

Address: 550 Lawnview Ave.

City, State, Zip Code: Springfield, OH. 45505

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.


Signature

2/4/06
Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: Stephanie A. Barney-Harper

Address: 717 East Main

City, State, Zip Code: Attawa OH 45875

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.


Signature

3-26-06
Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: TINA Holsapple

Address: 3605 MEADOW AVE

City, State, Zip Code: Cinti Ohio 45211

**CONSENT TO BE A CLAIMANT UNDER
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I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Clara Howdysshell
Signature

2-23-06
Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: Clara Howdysshell

Address: 1926 S. Center Blvd.

City, State, Zip Code: Springfield Oh. 45506

**CONSENT TO BE A CLAIMANT UNDER
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I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Caroletta James 4/9/06
Signature Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: Caroletta James

Address: 1111 Mandarin Drive

City, State, Zip Code: Cynth, OH 45240

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Bobbie Jennings 4/27/06
Signature Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: Bobbie Jennings

Address: 6036 Pawnee Dr

City, State, Zip Code: Cincinnati, Ohio 45224

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Delaine Johnson
Signature

1-28-06
Date of Signing

PLEASE TYPE OR PRINT CLEARLY

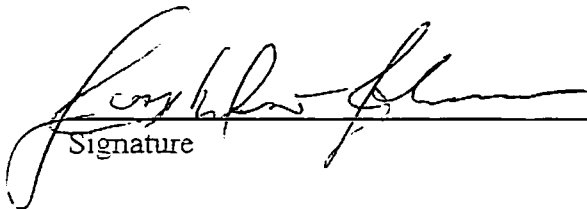
Name: DELAINE JOHNSON

Address: 1515 W. 23 STREET

City, State, Zip Code: LORAIN, OH 44052

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.


Signature

3-7-06
Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: Joseph Dennis Johnson

Address: 1430 Broadway St.

City, State, Zip Code: Springfield Oh 45504

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Ann M Justice 03-13-06
Signature Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: ANN M JUSTICE

Address: 8812 W. Ridge Rd

City, State, Zip Code: ELYRIA OH 44035

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Laura Lacey 1-24-06
Signature Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: Laura Lacey

Address: 9499 Baumhart Rd 1

City, State, Zip Code: Amherst, OH 44001

**CONSENT TO BE A CLAIMANT UNDER
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I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Harriet D Lindsay
Signature

4/25/2006
Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: Harriet Lindsay

Address: 2489 Lourdes Ln

City, State, Zip Code: Cincinnati OH 45238

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Pamela F. Longlott
Signature

1-26-06
Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: Pamela F. Longlott

Address: 861 N. MAIN ST.

City, State, Zip Code: Lima, OH 45801

**CONSENT TO BE A CLAIMANT UNDER
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I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Brennetta Luther
Signature

4-26-06
Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: Brennetta Luther

Address: 11601 Pippin Rd

City, State, Zip Code: Cincinnati, OH 45231

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Stephanie Mayweather 1/25/06
Signature Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: Stephanie Mayweather

Address: 104 Rosetta ct

City, State, Zip Code: Cincinnati, Ohio 45246

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Dawn M. Minnellen
Signature

4-22-06
Date of Signing

PLEASE TYPE OR PRINT CLEARLY

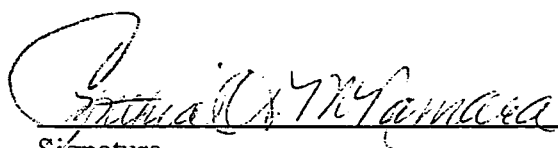
Name: Dawn M. Minnellen

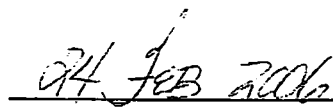
Address: 1631 Kedron St

City, State, Zip Code: Toledo, Ohio 43605

**CONSENT TO BE A CLAIMANT UNDER
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Signature


Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: CYNTHIA ANN MCNAMARA

Address: 521 READING DRIVE

City, State, Zip Code: SPRINGFIELD, OHIO 45505

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Lois McNulty
Signature

4-21-06
Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: Lois McNulty

Address: 3819 Reserve Trail

City, State, Zip Code: Lorain, OH 44033

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Kathleen M. Nealon 4/21/06
Signature Date of Signing

PLEASE TYPE OR PRINT CLEARLY

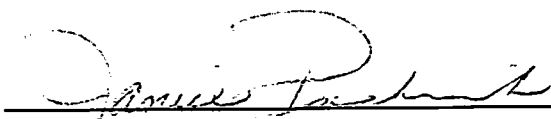
Name: Kathleen M. Nealon

Address: 264 Richland Drive

City, State, Zip Code: Avon Lake OH 44012

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.


Signature

2/1/06
Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: Janice Pachnik

Address: 290 East 46th Street

City, State, Zip Code: Lorain, Ohio, 44052

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Barbara J. Paulchell

Signature

1-29-06

Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: BARBARA J. PAULCHELL

Address: 2245 GARDEN ~~AVENUE~~ DR.

City, State, Zip Code: Avon, OH 44011

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Lynn M. Purcell

Signature

11/31/2006

Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: Lynn M. Purcell

Address: 820 Ford Ave.

City, State, Zip Code: Amherst, OH 44001

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Cynthia Reynolds
Signature

2-10-06
Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: Cynthia Reynolds

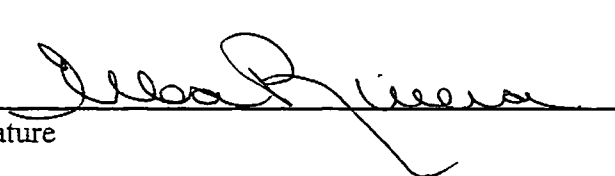
Address: 814 S. Center Street

City, State, Zip Code: Spfld, Ohio 45506

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Signature



Date of Signing

2/27/06

PLEASE TYPE OR PRINT CLEARLY

Name:

Elba Rivera

Address:

47510 middle Ridge Road, Apt. E-16

City, State, Zip Code:

Amherst, Ohio 44001

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Judith D. Rodgers
Signature

2/20/06
Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: JUDITH D. RODGERS

Address: 10089 SHOREY RD.

City, State, Zip Code: SOUTH VIENNA, OH 45369

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Victoria Roosen

Signature

3-1-06

Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: VICTORIA ROOSEN

Address: 3516 LIBERTY

City, State, Zip Code: VERMILION, OHIO 44089

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Nichole M. Sabine

Signature

2-8-06

Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: Nichole M. Sabine

Address: 49503 Garfield Rd.

City, State, Zip Code: Oberlin OH 44074

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Kathleen Scott
Signature

1/24/06
Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: *Kathleen Scott*

Address: *139 MILLARD CREEK RUN*

City, State, Zip Code: *LAGRANGE, Ohio 44050*

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Michaela E. Silver

Signature

2/21/06

Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: MICHAELA E. SILVER

Address: 105 TRENTON PI

City, State, Zip Code: SPRINGFIELD OH 45504

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Darlene S. Smith RN.

Signature

2/28/06

Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name:

Darlene S Smith RN

Address:

13815 Riley ROAD

City, State, Zip Code:

MILAN, OHIO 44846

CONSENT TO BE A CLAIMANT UNDER THE FAIR LABOR STANDARDS ACT ("FLSA")

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Signature Mary Smyth

2-8-06
Date of Signing

PLEASE TYPE OR PRINT CLEARLY

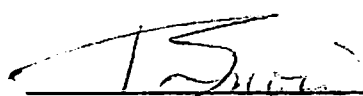
Name: MARY SMYTH

Address: 5591 BISCAYNE AVE.

City, State, Zip Code: CINCINNATI OHIO 45248

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.



Signature

2-15-06

Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: Therese M Snow

Address: 717 Fairbanks Ave.

City, State, Zip Code: Cincinnati, Ohio 45205

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Carrie R. Stempowski 3/1/06
Signature Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: CARRIE R STEMPOWSKI

Address: 314 TAYLOR STREET

City, State, Zip Code: Amherst, Ohio 44001

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Nancy L. Thacker 2-7-06
Signature Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: Nancy L. Thacker

Address: 2824 Cavins Dr.

City, State, Zip Code: Springfield, Ohio 45503

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

James Thomas
Signature

2 - 7 - 06
Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: James Thomas

Address: 843 Holyoke Dr.

City, State, Zip Code: Cincinnati OH 45240

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Cyndi Thomin
Signature

4-6-06
Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: CYNDI THOMIN

Address: 980 RED TAILED LANE

City, State, Zip Code: AMHERST OH 44001

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Karen J. Tucker 3/23/06
Signature Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: KAREN J. TUCKER

Address: 1833 Berkshire Pl

City, State, Zip Code: Toledo OH 43613

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Katherine S. Turner 4-21-06
Signature Date of Signing

PLEASE TYPE OR PRINT CLEARLY


Name: Katherine S. Turner

Address: 2409 E. 33rd St.

City, State, Zip Code: Lorain OH 44055

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Signature  Date of Signing 1/27/06

PLEASE TYPE OR PRINT CLEARLY

Name: Peggy Vaughn

Address: 3527 ALAMOSA DRIVE

City, State, Zip Code: Cincinnati, Ohio 45251

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Dale Vogt
Signature

2-21-06
Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: Dale Vogt

Address: 1127 N. Elizabeth St

City, State, Zip Code: LIMA OH 45801

**CONSENT TO BE A CLAIMANT UNDER
THE FAIR LABOR STANDARDS ACT ("FLSA")**

I am or have been an employee at a health care facility that is part of the Catholic Healthcare Partners system. I consent to be a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against Catholic Healthcare Partners, its regional subsidiaries and/or the hospitals or facilities owned and operated by its subsidiaries. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

Betty White
Signature

3-3-06
Date of Signing

PLEASE TYPE OR PRINT CLEARLY

Name: Betty J. White

Address: 2650 Houston Rd

City, State, Zip Code: Cincinnati Oh 45231

6-17-06